



Centers for Disease Control and Prevention

Award# 6 NU62PS924783-03-02

FAIN# NU62PS924783

Federal Award Date: 02/11/2025

Recipient Information**1. Recipient Name**

COMMUNITY HEALTH PROJECT, INC.
356 W 18th St
New York, NY 10011-4401
[NoPhoneRecord]

2. Congressional District of Recipient
08**3. Payment System Identifier (ID)**
[REDACTED]**4. Employer Identification Number (EIN)**
[REDACTED]**5. Data Universal Numbering System (DUNS)**
[REDACTED]**6. Recipient's Unique Entity Identifier (UEI)**
[REDACTED]**7. Project Director or Principal Investigator**

Dr. Asa Radix
Principal Investigator
aradix@callen-lorde.org
212-271-7275

8. Authorized Official

Mr. Patrick McGovern
Chief Executive Officer
pmcgovern@callen-lorde.org
(212) 271-7200 X 852

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram
Grant Management Specialist
ula8@cdc.gov
404-638-7434

10. Program Official Contact Information

Dejené Parrish
Public Health Analyst
xht6@cdc.gov
404.639.8382

Federal Award Information**11. Award Number**

6 NU62PS924783-03-02

12. Unique Federal Award Identification Number (FAIN)

NU62PS924783

13. Statutory Authority

Sections 301 and 318(b) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended

14. Federal Award Project Title

Callen-Lorde Transcend Program to Provide Status Neutral Services for Black, Hispanic and Multi-racial
Transgender and Gender Diverse New Yorkers

15. Assistance Listing Number

93.944

16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

17. Award Action Type

NGA Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/30/2024 - **End Date** 06/29/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$500,000.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$500,000.00**26. Period of Performance Start Date** 06/30/2022 - **End Date** 06/29/2026**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$1,581,155.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



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356 W 18th St

New York, NY 10011-4401

[NoPhoneRecord]

Congressional District of Recipient

08

Payment Account Number and Type

[REDACTED]

Employer Identification Number (EIN) Data

[REDACTED]

Universal Numbering System (DUNS)

[REDACTED]

Recipient's Unique Entity Identifier (UEI)

[REDACTED]

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$243,575.00
b. Fringe Benefits	\$104,737.00
c. Total Personnel Costs	\$348,312.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$3,688.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$50,000.00
j. TOTAL DIRECT COSTS	\$402,000.00
k. INDIRECT COSTS	\$98,000.00
l. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-22-0950
3-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-23-0950
4-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-24-0950



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Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

COMMUNITY HEALTH PROJECT, INC.

6 NU62PS924783-03-02

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination** Notice of Award issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.